MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

35365

1. PLACE OF DEATH	CENTIFICAT	e or beam	500°	2 - 4	(NOP)2	
County	Regultration District !	Pà	4∤ (અૂંડ્રે.	Pile No		
Township	Primary Registration 1	District No	ु्रिं स्ट्र	Registered No		•••
2. FULL NAME I Land of O	to Leabe	tter		Si .	Ward	į)
(a) Residence No. 1/2 2 W. Jan (Ustral place of abode)	LOL St.	Vw	•		or town and State)	
Length of residence th city or town where death occurred	yrs. mos.	dut: B	low local to U.S., A of		yre. mes. d	b.
PERSONAL AND STATISTICAL PART	ICULAŘS		MÉDICAL CÉR	TIFICATE OF D	EATH	_ -
Divogite	MARRIED, WIDOWED OR D. (with the word)	17.	DEATH (MONTH, DAY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20
SA. IF MARKED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		that I list saw h.		nov 13	locesaid from 197	VO
6. DATE OF BIRTH (MONTH, DAT AND TEAR) / OV	- 1320	ı		, al	G Qi	
7. AGE YEARS MONTHS DAYS	If LESS than 1	THE CAT	ise of Death w	AS ÁS FOLLOWS:	•	
	day, S. brs.	The	usture	Buth		*****
8. OCCUPATION OF DECEASED (a) Trade, protession, or particular kind of work	(Jack	of Nil	alily (durated)		ds,
(b) General nature of industry, business, or establishment in which employed (or employer)		CONTRIBUTOR (SECONDARY)	Υ	(daratika)		
9. BIRTHPLACE (CITY OR TOWN)	20-22	-	DISÉASÉ CONTRACTED	<u> </u>		
16. NAME OF FATHER Offe Led	better			1 DÁTE OF.		
O 11. BIRTHPLACE OF FATHER (CLIPK OR TOWNS)	while	i -	conditioning of Colors	webne	441	 Ž. D
12. MAIDEN HAME OF MOTHER Livelle	Jard	11/13.19	VO (Addition) V	000 fale	s beigg	1
13. BIRTHPLACE OF MOTHER (CITY OF TOWN).	ukedom	(f) Melans an	DESEASE CAUSING DE D NATURE OF INJUST D REVESTO SIDE FOR SIDELL	, and (2) whether	eli Violente Causes, stat Louidenteat, Suicidal, c	te Or
14. INFORMANT Otto Leabett (Address) 1122 M. Ja	er rk Al		BURIAL CREMATIC	ON, OR REMOVAL	Mov / 3 19	 , Z
FILED TIP May 6 81	asselof	20. UNDERTAK	er Um	u Co	ADDRESS La	- eur

Revised United States Standard Certificate of Death

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[Approved by U. S. Census and American Public Health Association:]

Statement of Occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. · But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer - Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, State occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms) Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," State cause for "PUERPERAL peritonitis," etc. which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the! American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erystpelas, meningitis, miscarriage, necrosis, pertonitis, phebbitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.